



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
10005 E OSBORN ROAD • SCOTTSDALE, AZ • 85256-9722

INFORMATION UPDATE/VERIFICATION FORM

Instructions & Disclosure: This two-sided form will be used to verify and update your contact information. This information will be used by the Community Government departments to update your records, as requested by you. Please note incomplete or incorrect information may result in delay of processing the form and any associated transactions such as lease payments, membership needs and other items. This form is to be completed, signed and submitted by the adult Community Member or landowner whom is requesting changes to their profile. For assistance, please call either (480) 362-7729 or (480) 362-7330, or email either VendorMaintenance@srpmic-nsn.gov or EnrollmentHotline@srpmic-nsn.gov. The form will be accepted two ways:

1. Present the form and any applicable attachments in person at the Finance Department in Two Waters building A or at the Enrollment Division of CDD in Two Waters B. You will be asked for valid Tribal ID or driver's license to verify your identity; OR
2. Have the form notarized and send the notarized form and any applicable supporting documents as a single pdf attachment to VendorMaintenance@srpmic-nsn.gov.

Please check all boxes for the items that you are planning to update:

I am updating my: Name (Section A) ☐ Contact info (Section B) ☐ Address(es) (Section C) ☐

SRPMIC Tribal ID #
(if applicable)

Date of birth

Social Security Number

Landowner ID #
(if applicable)

First Name

Middle Name

Last Name

I am a veteran ☐

Section A – Name Change

Please attach legal documentation to support name change such as Court Order, Marriage License, Divorce Decree

New name:

First Name

Middle Name

Last Name

Section B – Contact Information

Email address(es):

Primary email

Other email (if applicable)

Primary Phone Number

Alternative Phone Number (if applicable):

INTERNAL PROC'G USE	DATE RECEIVED:	DATE ENTERED:	RECEIVED BY:

Section C – Address(es)

If you are filling out this section, please fill it out completely. For each address, indicate the type of address it is. If one address is used for multiple reasons, check all the boxes that apply for that address.

Are any addresses listed below within the boundaries of SRPMIC? No ☐ Salt River ☐ Lehi ☐

Address 1: Type (check all that apply): Physical ☐ Mailing ☐ Payments/Checks ☐

Street Address

City State Zip Code

Address 2: Type (check all that apply): Physical ☐ Mailing ☐ Payments/Checks ☐

Street Address

City State Zip Code

Address 3: Type (check all that apply): Physical ☐ Mailing ☐ Payments/Checks ☐

Street Address

City State Zip Code

To change the address for minor children under your care, please list their information below:

Full Name of Minor	Date of Birth	Full Name of Minor	Date of Birth	Full Name of Minor	Date of Birth
Full Name of Minor	Date of Birth	Full Name of Minor	Date of Birth	Full Name of Minor	Date of Birth

Signature

Date

If not submitted in person, please obtain notary:

State of _____)
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20____. _____
My commission expires: _____ Notary Public

Page 2 of 2

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